



South Dakota Board of Funeral Service

135 East Illinois, Suite 214
Spearfish, SD 57783
(605) 642-1600

FUNERAL ESTABLISHMENT

LICENSE RENEWAL APPLICATION FORM FOR 2004 ALL LICENSES EXPIRE ON DECEMBER 31, 2003

1. If you wish to retain your license, please return this renewal form by December 1, 2003.
2. Please send the renewal form and a money order, certified check, bank draft or personal check for \$100.00 payable to South Dakota Board of Funeral Service at the above address.
3. SDCL 36-19-37 requires, "renewal shall be made within thirty days prior to the expiration of the license".
4. Please remember to notify the board of any change of address or ownership within five days of the change of address or sale of the establishment as per SDCL 36-19-32.

Board use ONLY:

Received _____ Check Number _____ \$ _____

Establishment Name: _____ License Number: _____

Establishment Address: _____
(Mailing Address) (City) (State) (Zip Code)

Establishment Phone: (_____) _____ Fax: (_____) _____

Name Address

() Proprietorship _____

() Partnership _____

() Corporation _____

If Corporation: List both the name and address of primary and subsidiary corporation and primary stockholders of each. If necessary, you may attach a separate sheet of paper.

Licensee in charge: _____ License Number: _____
(Please Print)

Signature _____ Date _____
(Of Licensee In Charge)